

# EXHIBIT D

JUN 11 '07 13:28 FR THE REICH AGENCY 1 248 203 9809 TO 16146776189

P.05/06

**NATIONWIDE LIFE INSURANCE COMPANY**  
**APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER**

Policy Number: LO34804300Insured: GARY H. LUPLOFF

I, the present owner of the above numbered policy, hereby revoke any previous designation of Owner and/or Contingent Owner, and I hereby designate as the Owner and/or Contingent Owner of the said policy effective this date in accordance with the policy provisions, the following:

If more than one owner, ownership will be vested jointly or in the survivor(s), but if none are living or in existence, then in the contingent owner(s), if any, jointly or in the survivor(s), otherwise to the Executor or Administrator of the Estate of the last said owner.

NEW OWNER: Social Security or Taxpayer Identification Number: 364 - 90 - 1906

FULL NAME

William KERR

DATE OF BIRTH

5/10/66

RELATIONSHIP TO INSURED

BUSINESS RELATIONSHIP  
ON FILE

ADDRESS

NEW CONTINGENT OWNER: Social Security or Taxpayer Identification Number: \_\_\_\_\_

FULL NAME

DATE OF BIRTH

RELATIONSHIP TO INSURED

ADDRESS

Premium Notices Shall be sent to the new owner for the above mentioned policy, unless checked and completed below:

☐ Premium Payor to be

Print full name of Payor

Address of Payor

Print full address of Payor

I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy. In the event this application designates a change of Owner and if the Owner's Benefit(s) is included in said policy, I hereby surrender such Benefit(s) and acknowledge that such Benefit(s) is hereby terminated, and in consideration thereof the premium shall be reduced and unearned premium, if any, adjusted effective this date.

**POLICY MODIFICATION:** Any provision of the policy stipulating that the policy shall be returned to the Company for endorsement in order to effect a change of Ownership is hereby waived by the Company and the Owner, and it is agreed that such change shall take effect as of the date of this application, subject to any payment made or action taken by the Company before this application has been agreed to by the Company.

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If they do not provide us with certification of this number, they may be subject to a 550 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% or such rate as required by law from interest and other payments we make to you. This is called backup withholding (and is not the same as the 10% withholding on interest and dividends that was repealed in 1983.) It is not an additional tax, since the tax liability of persons subject to backup withholding will be reduced by the amount of the tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained. Check this box [ ] if the Internal Revenue Service has notified you that we are not subject to the provisions of this law. Otherwise, your signature on this application serves as certification under penalties of perjury, that the taxpayer identification number on this application is true, correct, and complete.

Signed at BIRMINGHAM MI this 4 day of April, 2007

City, State

New Owner's Signature

Present Owner's Signature

HOME OFFICE USE ONLY

Agreed to for Nationwide Life Insurance Company

Life-1112-M

Complete and send to Company at Columbus, Ohio 43215  
**DO NOT SEND POLICY**

(03/2002)

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**NATIONWIDE LIFE INSURANCE COMPANY  
APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT  
OWNER**

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, relationship to the insured and the complete address. THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.
4. SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Home Office, a witness may be required.
5. The new owner will receive the premium notices unless the payor information is completed.
6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
9. Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Ohio 43218-2835.

Life-1112-M

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**APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION**  
 Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company

Policy Number: 1034804300 Primary Insured: GARY H. LIA LOFF Insured's SSN: 366 64 9631  
 Please see Page 3 of this application for important information. Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, are herein referred to as "the Company"

This designation is for ☒ Primary/Base Insured ☐ Joint/Spouse Rider ☐ Other: \_\_\_\_\_  
 Note: If none selected, this change will be in effect for Primary/Base Insured only. (Name of Insured or Rider)

A ☒ The following person(s) who survive the Insured, in equal shares or noted percentages:

Full Name	Relationship to Insured	Full Address	SSN	%
<u>William Keene</u>	<u>BUSINESS RELATIONSHIP</u> <u>ON FILE</u>	<u>2704 Brodeman</u> <u>ANN ARBOR, MI 48104</u>	<u>364901206</u>	<u>100%</u>

B. ☐ The Executors or Administrators of the Estate of the Insured.

C. ☐ Trust (Please include a copy of the pages from your trust that contain the following information: the title of the trust, date established, trustees' names, and signatures). Total = 100%

Named Trustee(s) \_\_\_\_\_ or successor(s).

Title/Name of Trust \_\_\_\_\_ Date of Trust: \_\_\_\_\_

D. ☐ Trustee(s), or successor(s) in trust under Insured's Last Will and Testament

E. ☐ Other (please specify): Name: \_\_\_\_\_

Address: \_\_\_\_\_

If Primary Beneficiary is deceased at the time of Insured's death, or is not in existence (if trust, corporation or other entity) at time of Insured's death, then to:

A. ☒ The following person(s) who survive the Insured, in equal shares or noted percentages:

Full Name	Relationship to Insured	Full Address	SSN	%
<u>Jennifer Keene</u>	<u>WIFE of William</u> <u>Keene</u>	<u>2704 Brodeman</u> <u>ANN ARBOR, MI 48104</u>		<u>100%</u>

B. ☐ The Executors or Administrators of the Estate of the Insured.

C. ☐ Trust (Please include a copy of the pages from your trust that contain the following information: the title of the trust, date established, trustees' names, and signatures). Total = 100%

Named Trustee(s) \_\_\_\_\_ or successor(s).

Title/Name of Trust \_\_\_\_\_ Date of Trust: \_\_\_\_\_

D. ☐ Trustee(s), or successor(s) in trust under Insured's Last Will and Testament

E. ☐ Other (please specify): Name: \_\_\_\_\_

Address: \_\_\_\_\_



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**APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION**  
 Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company

Policy Number: L034804300 Primary Insured: GARY H. LUPILOFF Insured's SSN: 368 649631

I hereby acknowledge that I have read and agree to the terms and conditions on page 3 of this application. I agree that this change of beneficiary is effective the date of this application and this application will have no effect on any payment made or action taken by the Company before the Company has agreed to this application.

Owner signed and witnessed in (city/state)	<u>BIRMINGHAM, AL</u>
Owner's Signature	<u>[Signature]</u>
Owner's Printed Name	<u>GARY H. LUPILOFF</u>
Date Signed	<u>4/4/07</u>
Owner's Witness Printed Name	<u>MARY B. REUT</u>
Owner's Witness Signature	<u>[Signature]</u>
Date Signed	<u>4/4/07</u>
Joint Owner/Other signed and witnessed in (city/state)	
Joint Owner's/Other's Signature (if applicable)	
Joint Owner's/Other's Printed Name	
Date Signed	
Joint Owner's/Other's Witness Signature	
Joint Owner's/Other's Witness Printed Name	
Date Signed	

Agreed to for Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company by Thomas Barnes, Secretary

[Signature]



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**APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION**

Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company  
 Mail to: Nationwide Life Insurance Company, P.O. Box 182835, Columbus, Ohio 43218-2835  
 Contact us at 1-800-543-3747, or visit our website at [www.nationwidelifinancial.com](http://www.nationwidelifinancial.com)  
 Fax: 1-614-677-6189

**About Designations**

- **Completing this form:** It is important that you fully complete Section 1 of this form, even if you are not making any changes to the primary beneficiary (i.e. fully writing out the designation including names and percentages if applicable). We will not accept wording such as "same" or "no change" in Section 1 or Section 2 or forms where Section 1 is left blank.
- **Dollar Amounts:** Specific dollar amounts are generally not permitted. Instead, please designate a percent in the % column. Percentage totals must equal 100 percent. If you must designate a specific dollar amount, please contact our Home Office.
- **Funeral Home or Creditor:** If you wish to name a funeral home or creditor, please use the "Other" field for this designation. Please use the following wording and complete the items listed in parenthesis: "(Creditor Name or Funeral Home Name), as their interest may appear, balance if any to (whomever you wish to designate)".
- **Businesses, Schools, Charities, or Churches:** If you wish to name a business, school, charity, or church as your beneficiary, please use the "Other" field for this designation.
- **Irrevocable beneficiary:** An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary. In addition, other policy changes may require the irrevocable beneficiary's signature prior to the Company accepting any requested change. If this beneficiary is to be irrevocable, please add the following wording after the person's name: "without right of revocation during this beneficiary's lifetime or existence and no longer".

**Terms and Conditions**

- **Sending your policy:** Please do not send in your policy with this request. The Company waives any policy provision requiring the return of the Policy to the Company for endorsement.
- **Previous beneficiary designations:** Once the Company receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application. If a death claim becomes payable under this policy, the proceeds shall be payable to the beneficiary(ies) named in this application after the Application has been accepted by the Company.
- **Unless otherwise provided for on this application:**
  - If two or more Beneficiaries or Contingent Beneficiaries are designated, the proceeds shall be payable in equal shares to those Beneficiaries or Contingent Beneficiaries who survive the Insured.
  - If two or more Beneficiaries or Contingent Beneficiaries are designated to receive the proceeds in unequal shares and any of those Beneficiaries or Contingent Beneficiaries predecease the Insured, the proceeds designated for such deceased Beneficiaries or Contingent Beneficiaries shall instead be paid in equal shares to those Beneficiaries or Contingent Beneficiaries who survive the Insured.
  - Children include naturally born and legally adopted children of the Insured.
  - Any amounts payable to a child of less than legal age shall be paid to the legally appointed guardian of his/her property or in any other manner approved by the laws of the state where payment is made.
- **Beneficiaries not specified by name:** If beneficiary(ies) are not specified by name (i.e. all children living), the Company is authorized to rely on an affidavit from any beneficiary listed on this form or from any responsible person in determining the names of the beneficiaries at time of claim. The Company is discharged from all liability upon making settlement based on such affidavit.
- **Required Addresses:** If you live in one of the following states - AK, AZ, FL, HI, ID, LA, ND, OR, RI, UT, VA, WA or WI, a full address for all beneficiaries designated is required.
- **Required Signatures:** This request must be signed and dated by all persons who have ownership or other rights in the policy (all co-owners, joint owners, co-trustees, previously named irrevocable beneficiaries, etc.). Signatures must be made in ink using full legal names. In addition:
  - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. This officer must be someone other than the Insured unless the Insured is the sole corporate officer.
  - In states that require a witness, an uninterested party should sign as the witness (someone not named as a beneficiary or otherwise signing this form).
- **Owners' rights:** The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irrevocable beneficiary(ies)).
- **If a Trust/Trustee(s) is named as beneficiary on this policy:**
  - The Company is not responsible for the application or disposition of the proceeds of the policy by the Trustee(s). Payment to the Trustee(s) shall fully discharge the liability of the Company under the policy.
  - If the beneficiary is a testamentary trust, the Company is authorized to rely on a certified copy of the qualification and appointment of the trustee or the probating of the will. If the beneficiary is an inter vivos or living trust, the Company is authorized to rely upon a statement from the trustees that the trust is active.
  - If, within six months after the death of the Insured, the Company has not been furnished with evidence of the probating of the Will and the qualification of the trustee (if a testamentary trust), or with evidence that the trust is active and in full force and effect (if an inter vivos or living trust), the proceeds may then be paid to the contingent or other beneficiary(ies) designated to next receive the proceeds. If there are no such beneficiaries, the proceeds may then be paid according to the terms of the policy when no beneficiary is living at the death of the Insured.
- **Executors, Administrators or Estates as beneficiaries:** For policies in which the Insured's Estate or the Executor or Administrator of the Insured's Estate is the beneficiary, the Company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Administrator of the Insured's Estate. Payment of the policy's proceeds to the Executor or Administrator shall fully discharge the liability of the Company under the policy.
- Any reference in this Application to a beneficiary living or surviving will mean living or surviving at the time of the Insured's death.

